

ID # \_\_\_\_\_  
(Located in the top right  
hand corner of your  
license.)

## REQUEST TO DOWNGRADE LICENSE

Arkansas Contractors Licensing Board  
4100 Richards Road  
North Little Rock, AR 72117  
Ph: 501-372-4661  
Fax: 501-372-2247

I, \_\_\_\_\_, of \_\_\_\_\_  
(Name of owner, officer, member, or partner) (Company Name as it appears on the license)

hereby formally request to **downgrade** my license from a \_\_\_\_\_  
license to: (Commercial, Residential or UNLIMITED Home Improvement)

Only check one:

\_\_\_\_\_ **Residential Builder** (**ONLY** if you had Building, Light Building or Residential Builder)  
**See "requirements" below**

\_\_\_\_\_ **Unlimited** - Home Improvement (w/ current specialties) **See "requirements" below**

\_\_\_\_\_ **Limited** - Home Improvement (w/ current specialties) **See "requirements" below**

### **Requirements:**

**Limited** – (Home Improvement projects **less than** \$50,000.00) - **A renewal application and filing fee are also needed if at the time of renewal, fee is on the back of the renewal, as requested under filing fee.** A balance sheet and proof of workers compensation insurance are **NOT** required, for licensing purposes only.

**Unlimited or Residential Builder** – **A renewal application and filing fee are also needed if at the time of renewal, fee is on the back of the renewal, as requested under filing fee.** A balance sheet and proof of workers compensation insurance (if 1 or more employees) are required.

By signing this, I understand that my license is for Residential / Home Improvement projects only and I cannot do work outside the classifications / specialties listed on my license. In addition, my license does not authorize me to perform work on Commercial projects \$50,000.00 or more (including material and labor).

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner, Officer, Member, Partner

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please contact Michelle Spoor @ 501-371-1506 or [michelle.spoor@arkansas.gov](mailto:michelle.spoor@arkansas.gov) with any questions regarding this form.

**OFFICE USE ONLY:**

**Processed by:** \_\_\_\_\_

**Revised 8/2017 (mc)**